

CALIFORNIA EDUCATION CODE §94931
Declaration for Public Disclosure

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Bureau for Private Postsecondary and Vocational Education

Registered Institutions and Programs - Application for Registration

(Rev. 09/04/2003)

Section 1: Registration

All institutions are required to complete Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 15, 16, 17, and to complete the section identified for the educational service or program for which registration is requested. All specified sections require a response. Please note if not applicable.

Intensive English Language Program (\$700): ☐
Complete Section 10 – Intensive English Program Questionnaire

Short-term Career Training (\$1,000) ☐
Complete Section 11 – Short-term Career Training Questionnaire

Short-term Seminar Training (\$700): ☐
Complete Section 12 – Short-term Seminar Training Questionnaire

License Examination Preparation (\$700): ☐
Complete Section 13 – License Examination Preparation Questionnaire

Continuing Education (\$700): ☐
Complete Section 14 – Continuing Education Program Questionnaire

Total Registration Fees \$ _____

Please read the following information:

An institution filing for registration under Article 9.5 of the Private Postsecondary Act. Registered Institutions may not offer educational services or programs until the institution has been registered by the Bureau as meeting the specified requirements.

It is unlawful for any institution to expressly or impliedly represent, by any means whatsoever, that the State of California or the Bureau for Private Postsecondary and Vocational Education has made any evaluation, recognition, accreditation, approval, or endorsement of the applicant institution or the educational services offered, and neither the filing of an application for registration or re-registration, nor the issuance of registration or re-registration by the Bureau, shall be interpreted in that manner.

“Postsecondary Act” means the Private Postsecondary and Vocational Education Reform Act of 1998, found at California Education Code Section 94700.

This registration application is subject to future modification pending the Office of Administrative Law's review and approval of the regulations on which it is based.

Section 2: Institution Information

2.1

<hr/>			
Full name			
<hr/>			
Street address for courier or parcel delivery			
<hr/>			
<hr/>	<hr/>	<hr/>	<hr/>
City	County	State	Zip Code
<hr/>			
Mailing address (if different)			
<hr/>			
<hr/>	<hr/>	<hr/>	<hr/>
City	County	State	Zip Code
<hr/>			
<hr/>		<hr/>	
Telephone number		Facsimile number	
<hr/>			
Internet home page and/or e-mail address (if applicable)			
<hr/>			

2.2

List ALL OTHER NAMES, whether real or fictitious, under which your institution or any owner is or will be providing educational services:

<hr/>
<hr/>

Section 3: Institution Contact Person/Director

3.1

<hr/>			
Full name/title			
<hr/>			
Street address for courier or parcel delivery			
<hr/>			
<hr/>	<hr/>	<hr/>	<hr/>
City	County	State	Zip Code
<hr/>			
Mailing address (if different)			
<hr/>			

City	County	State	Zip Code
Telephone number		Facsimile number	
E-mail address (if applicable)			

3.2 Institution Director(s)

Full name/title			
Business address			
City	County	State	Zip Code
Telephone number		Facsimile number	
E-mail address (if applicable)			

Section 4: Governance of Institution

4.1

Full name and title of institution's director or chief operating officer
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4.2

Full name/title of assistant director or assistant to chief operating officer

4.3

Full name/title of student financial aid officer
--

4.4

Full name(s)/title(s) of any other person(s) in charge
--

4.5

Name of governing board, if any

4.6

Full name(s)/title(s) of members of governing board

Street address

City

County

State

Zip Code

Mailing address (if different)

City

County

State

Zip Code

()

()

Telephone number

Facsimile number

E-mail address

Full name(s)/title(s) of members of governing board

Street address

City

County

State

Zip Code

Mailing address (if different)

City

County

State

Zip Code

()

()

Telephone number

Facsimile number

E-mail address (if applicable)

Section 5: Designated Agent for Service of Process:

Pursuant to CEC §94818, every institution shall designate and maintain an agent for service of process within this state and provide the name, address, and telephone number of the agent to the Bureau. This information will be furnished to any person upon request. **The designated agent for service of process must provide a California address, not a post office box, which is not the institution's primary administrative location.**

5.1

Name of Institution

Full name/title

Street address

City County State Zip Code

Mailing address (if different)

City County State Zip Code

(_____) (_____) _____
Telephone number Facsimile number

E-mail address (if applicable)

5.2 If a corporate agent is designated as the agent for service process, has the corporation filed the statement required by Section 1505 of the California Corporations Code? ☐ Yes ☐ No

Section 6: Custodian of Records

6.1

Full name and title

Street address for courier of parcel delivery

City County State Zip Code

Mailing address (if different)			
City	County	State	Zip Code
Telephone number		Facsimile number	
E-mail address (if applicable)			

Section 7: Form of Business Organization and Owner Information for: *Sole Proprietorship, General Partnership, Limited Partnership, or Other*

7.1

Owner is:			
<input type="checkbox"/> Sole Proprietorship	(Please complete Section 7.2)		
<input type="checkbox"/> General Partnership:	Number of partners _____	(Please complete Section 7.2)	
<input type="checkbox"/> Limited Partnership:	Number of general partners _____	Number of limited partners _____	
	(Please complete Section 7.2)		
<input type="checkbox"/> Corporation	(Please complete Section 8)		
<input type="checkbox"/> Other (please describe)			

If the form of business is a sole proprietorship or partnership, provide this information for the sole proprietor and EACH partner. Attach additional sheets if necessary.

7.2

Full name(s) of sole proprietorship, partnerships, or other owner(s)
Street address for courier or parcel delivery

City	County	State	Zip Code
Mailing address (if different)			
City	County	State	Zip Code
Telephone number		Facsimile number	

Section 8: Form of Business Organization and Owner Information for: *For-profit Corporation or Nonprofit Corporation*

Provide requested information in 8.5, 8.7, and 8.8 for ALL members of the board of directors, corporate officers, and any individual(s) or legal entity holding 10 percent or more of the stock or controlling interest. Attach additional sheets if necessary.

8.1 Owner is: ☐ For-profit corporation ☐ Nonprofit corporation

8.2 State in which incorporated Date of incorporation

8.3

Full name of corporation			
Street address for courier or parcel delivery			
City	County	State	Zip Code
Mailing address (if different)			
City	County	State	Zip Code
Telephone number		Facsimile number	

E-mail address (if applicable)

8.4

Name of chief executive officer

Street address for courier or parcel delivery

City

County

State

Zip Code

8.5

Full name of the vice president

Full name of the secretary

Full name of the treasurer

8.6

Board of directors -- chair name

Street address for courier or parcel delivery

City

County

State

Zip Code

8.7

Board of directors -- names of members

Street address for courier or parcel delivery

City

County

State

Zip Code

8.8

If any individual or legal entity holds 10 percent or more of the stock or controlling interest in this corporation, please provide the following information for **EACH** such individual or legal entity:

- _____
Name of individual or legal entity
- _____
- Street address for courier or parcel delivery
- _____
- City County State Zip Code
- _____
- Telephone number Facsimile number
- Percentage of stock or controlling interest in institution _____%

Section 9: Facilities Information

Please provide the location(s) at which the educational services or programs will be offered by the institution. **If exact in location(s) are unknown, please identify the community in which the instruction is intended to be offered, and maintain records of the actual location(s) at the institutions main location.** Attach additional sheets if necessary.

9.1

Please list the address of each location where educational services or programs will be offered in California, including the institution's main campus and branch campuses.

☐ Main Campus ☐ Branch Campus

Name used by the institution at this location

Street address for courier or parcel delivery

City County State Zip Code

Telephone number Facsimile number E-mail (if applicable)

☐ Main Campus

☐ Branch Campus

Name used by the institution at this location

Street address for courier or parcel delivery

City

County

State

Zip Code

Telephone number

Facsimile number

E-mail (if applicable)

☐ Main Campus

☐ Branch Campus

Name used by the institution at this location

Street address for courier or parcel delivery

City

County

State

Zip Code

Telephone number

Facsimile number

E-mail (if applicable)

☐ Main Campus

☐ Branch Campus

Name used by the institution at this location

Street address for courier or parcel delivery

City

County

State

Zip Code

Telephone number

Facsimile number

E-mail (if applicable)

Section 10: Intensive English Language Program Questionnaire

If the educational service or program that you desire to register is an "Intensive English Language Program," please answer all of the following questions:

10.1

Please provide a statement of the facts that demonstrate that the program offered qualifies as an Intensive English Language program as defined in Section 94733 of the Private Postsecondary Act.

10.2

State the institution's title of the educational service(s) or program(s). State the number of hours required for completion of the educational service(s) or program(s).

10.3

Is it limited to English instruction in some area or areas of language skill development (such as reading, writing, speaking, listening, grammar, and test preparation)? ☐ Yes ☐ No
(If no, please explain.)

10.4

Is it offered and provided only to students who are not residents of the State of California, not United States citizens, and who are not eligible for federal or state financial aid, including loans? ☐ Yes ☐ No
(If no, please explain.)

10.5

Is it approved by the United States Immigration and Naturalization Service (INS) solely to provide English instruction to international students for a designated period of study in the United States?

Please provide proof of INS approval. (If no, please explain.)

☐ Yes ☐ No

10.6

Is it offered in connection with a degree program? (If yes, please explain.)

☐ Yes ☐ No

10.7

Is it represented in any manner to lead to, or to be offered for the purpose of preparing a student for employment in any occupation or job title? (If yes, please explain.)

☐ Yes ☐ No

10.8

Does it include English language instruction for special purposes that will enhance a student's ability to perform in a specific profession or program (such as providing English instruction in related terminology in a particular field)? (If yes, please explain.)

☐ Yes ☐ No

10.9

Is any part of the charge for instruction paid for through a federal or state loan or grant? (If yes, please explain. An affirmative answer is not necessarily disqualifying.)

☐ Yes ☐ No

Section 11: Short-term Career Training Questionnaire

If the educational service or program that you desire to register is "Short-term Career Training," please answer all of the following questions:

- 11.1** Please provide a statement of the facts that demonstrate that the program offered qualifies as a Short-Term Career training program as defined in Section 94742.1 of the Private Postsecondary Act.

- 11.2** State the institution's title of the educational service(s) or program(s). State the number of hours required for completion of the educational service(s) or program(s).

- 11.3** Is the total charge to the student \$2,000 or less? (If no, please explain.) ☐ Yes ☐ No

- 11.4** Is the length of training less than 250 hours? (If no, please explain.) ☐ Yes ☐ No

11.6 Please describe each occupation or job title:

11.7 Is the training divided or structured into one or more segments that consist of less than 250 hours or cost more than \$2,000 in total charges, and that together consist of more than 250 hours of instruction or cost more than \$2000? (If yes, please explain.) ☐ Yes ☐ No

11.8 Does the training lead to a degree? (If yes, please explain.) ☐ Yes ☐ No

11.9 Is any part of the charge for instruction paid for through a federal or state loan or grant? (If yes, please explain.) ☐ Yes ☐ No

11.10 Is it represented to lead to, or is it offered for the purpose of preparing a student for, employment as a certified nursing assistant, a private security guard, or a private patrol operator? ☐ Yes ☐ No (If yes, please explain.)

11.11

Is it approved by some other California state agency? (If yes, please explain.)

☐ Yes ☐ No

Section 12: Short-term Seminar Training Questionnaire

If the educational service or program that you desire to register is "Short-term Seminar Training," please answer all of the following questions:

12.1

Please provide a statement of the facts that demonstrate that the program offered qualifies as a Short-Term Seminar training program as defined in Section 94742.2 of the Private Postsecondary Act.

12.2

State the institution's title of the educational service(s) or program(s). State the number of hours required for completion of the educational service(s) or program(s).

12.3

Does the educational service or program consist of 100 hours or less of instruction? ☐ Yes ☐ No
(If no, please explain.)

12.4

Is the total charge for the educational service or program less than \$1,000? ☐ Yes ☐ No
(If no, please explain.)

12.5

Does it lead to a degree? (If yes, please explain.)

☐ Yes ☐ No

12.6

Is any part of the charge for instruction paid for through a federal or state loan or grant?
(If yes, please explain.)

☐ Yes ☐ No

12.7

Does it consist of instruction in how to prepare for, take, or pass a licensing examination?
(If yes, please explain.)

☐ Yes ☐ No

12.8

Is it represented to lead to an occupation or job title? (If yes, please explain.)

☐ Yes ☐ No

12.9

Is it divided or structured into one or more segments that consist of 100 or fewer hours of instruction whose total charge is less than \$1,000, and that together consist of more than 100 hours of instruction or cost \$1,000 or more in total charges? (If yes, please explain.)

☐ Yes ☐ No

12.10

Is it approved or licensed by some other California state agency?
(If yes, please explain.)

☐ Yes ☐ No

Section 13: License and Exam Preparation Questionnaire

If the educational service or program that you desire to register is "License and Exam Preparation," please answer all of the following questions:

13.1

Provide a statement of the facts that demonstrate that the program offered qualifies as a License and Exam Preparation program as defined in subdivision (a) of Section 94734 of the Private Postsecondary Act.

13.2

State the institution's title of the educational service(s) or program(s). State the number of hours required for completion of the educational service(s) or program(s).

13.3

Is it designed to assist students to prepare for an examination for licensure?
(If no, please explain.)

☐ Yes ☐ No

13.4

Does it include instruction in how to prepare for, take, and pass civil service examinations?
(If yes, please explain.)

☐ Yes ☐ No

13.5

Does it include instruction in how to prepare for, take, and pass other tests qualifying a student for employment by a governmental entity? (If yes, please explain.) ☐ Yes ☐ No

13.6

Does it include instruction in how to prepare for, take, and pass examinations for licensure in a recognized profession, such as medicine, dentistry, accounting, or law? (If yes, please explain.) ☐ Yes ☐ No

13.7

Are monies received in advance of an enrollment agreement being signed by the student? If yes, a surety bond must be posted. Please provide a copy of the bond. ☐ Yes ☐ No

Section 14: Continuing Education Program Questionnaire

If the educational service or program that you desire to register is a "Continuing Education Program," please answer all of the following questions:

14.1

Provide a statement of the facts that demonstrate that the program offered qualifies as a Continuing Education program as defined in Section 94722 of the Private Postsecondary Act.

14.2

State the institution's title of the educational service(s) or program(s). State the number of hours required for completion of the educational service(s) or program(s).

14.3

Is the educational service or program solely and exclusively in subjects that licensees are required to take as a condition of continued licensure, and solely for that purpose? ☐ Yes ☐ No
(If no, please explain.)

14.4

Is it solely and exclusively in subjects that are necessary to continue to practice or work in an occupation or profession, and that are offered solely for that purpose? (If no, please explain.) ☐ Yes ☐ No

14.5

Is it solely and exclusively offered to persons who are already employed in, or licensed to practice a particular profession, trade, or job category, for the sole and exclusive purpose of enhancing their skills or knowledge within that particular profession, trade, or job category? ☐ Yes ☐ No
(If no, please explain.)

14.6

Is it a "vocational diploma program" as defined in Section 94746 of the Postsecondary Act? ☐ Yes ☐ No
(If yes, please explain.)

14.7

Is it a degree program? (If yes, please explain.) ☐ Yes ☐ No

14.8

Is any part of the charge for instruction paid for through a federal or state loan or grant? ☐ Yes ☐ No
(If yes, please explain.)

14.9

Is any part of the charge for it paid from funds provided for the student's benefit as part of any program that provides state or federal funds for training welfare recipients, or that is related to welfare reform? ☐ Yes ☐ No
(If yes, please explain.)

14.10

Is it approved, certified, or sponsored by a bona fide trade, business, or professional organization, and offered solely for its membership? (If yes, please explain.) ☐ Yes ☐ No

14.11

Is it approved, certified, licensed or sponsored by a California state recognized professional, trade, or job licensing body? (If yes, please explain.) ☐ Yes ☐ No

Section 15: Certification of Qualifications of Applicant Institution

The answers to the following questions will help to demonstrate that the applicant institution qualifies for registration. Include supplementary information if requested. Provide answers with respect to each of the following: (a) the institution; (b) each individual and ownership entity named in the answers in Sections 7 and 8; and (c) any individual or entity that is presently acting, or that the institution intends to retain, as its agent or representative:

- 15.1** Has the Bureau, or its predecessor the Council for Private Postsecondary and Vocational Education (Council), previously denied or declined to renew a previous application by the applicant institution for registration or re-registration for any educational service or program for which registration is now sought? (If yes, please explain.) ☐ Yes ☐ No

- 15.2** Has the Bureau, or its predecessor the Council, made any claim against the applicant institution, or any of these individuals or entities identified above, for any fees, payment of costs or expenses, assessments, or penalties, that have not been paid? (If yes, please explain.) ☐ Yes ☐ No

- 15.3** Has the Bureau, its predecessor the Council, or any court or other administrative agency ever alleged or determined that the applicant institution, or any of these individuals or entities identified above, made a false statement of material fact, or knowingly omitted to state a material fact, in an application for any license or permit? (If yes, please explain.) ☐ Yes ☐ No

- 15.4** Has the Bureau, its predecessor the Council, or any court or other administrative agency, ever alleged or determined that any of these individuals or entities identified above, responsible for the closure of an institution in which there were unpaid liabilities to any government agency or uncompensated monetary losses to any students? (If yes, please explain.) ☐ Yes ☐ No

15.5

Has the Bureau, or its predecessor the Council, or any court or other administrative agency, ever alleged or determined that the applicant institution, or any of these individuals or entities identified above, engaged in activities prohibited by the Postsecondary Act or its predecessor statutes? ☐ Yes ☐ No
(If yes, please explain.)

15.6

Has the Bureau, its predecessor the Council, or any court or other administrative agency, ever alleged or determined that the applicant institution, or any of these individuals or entities identified above, was not in compliance with the Postsecondary Act or any regulation adopted pursuant thereto? ☐ Yes ☐ No
(If yes, please explain.)

15.7

Has the Bureau, its predecessor the Council, or any court or other administrative agency, ever alleged or determined that the applicant institution, or any of these individuals or entities identified above, failed to provide timely and correct refunds to students? (If yes, please explain.) ☐ Yes ☐ No

15.8

Has the Bureau, its predecessor the Council, or any court or other administrative agency, ever alleged or determined that the applicant institution, or any of these individuals or entities identified above, committed any act involving dishonesty, fraud or deceit? (If yes, please explain.) ☐ Yes ☐ No

15.9

Has the applicant institution, or any of these individuals or entities identified above, ever been convicted of a crime? (If yes, please explain.) ☐ Yes ☐ No

15.10

Is there any legal action pending against the applicant institution, or any of these individuals or entities identified above, by any federal, state, or local law enforcement agency? (If yes, please explain.) ☐ Yes ☐ No

15.11

Do any of these individuals or entities identified above have any ownership interest in the applicant institution that is not already identified and explained in this application? ☐ Yes ☐ No
(If yes, please explain.)

15.12

Do any of these individuals or entities identified above have any other financial involvement in the institution (such as creditor or debtor) that is not already identified and explained in this application? ☐ Yes ☐ No
(If yes, please explain.)

15.13

Do any of these individuals or entities identified above violated any law regarding the acquisition, maintenance, or disbursement of state or federal loan or grant funds, or any other law substantially related to the operation of the institution? (If yes, please explain.) ☐ Yes ☐ No

15.14

Do any of these individuals or entities identified above have unpaid financial liabilities involving the refund or unlawful acquisition, use, or expenditure of state or federal financial aid funds?
(If yes, please explain.) ☐ Yes ☐ No

Section 16: Documents and Materials to Accompany Application

The Postsecondary Act requires that certain documents and materials must accompany applications for registration of educational services and programs. If the application is submitted in paper form, the required materials should accompany the application. If the application is submitted electronically, the required materials should be submitted separately, accompanied by a letter of explanation that clearly identifies all of the enclosures.

Please identify and submit each of the following items, if applicable, by stating its title:

16.1

A brochure or catalogue, as required by, and that conforms with, Sections 94931(h) of the Postsecondary Act

16.2

The student disclosures required by, and that conform with, Sections 94931(h) and 94825 of the Postsecondary Act

16.3

A sample of the institutions enrollment agreement or registration form used to enroll students in the educational service or program, as required by, and that conforms with, Section 94931(d) of the Postsecondary Act

16.4

A sample certificate of completion used, or intended to be used, as required by, and that conforms with, Section 94931(d)(7) of the Postsecondary Act

16.5

Representations of advertisements used or intended to be used, to promote each kind of registered educational service or program, as required by Section 94931(d)(6) of the Postsecondary Act

16.6

If the applicant institution assists students in obtaining financing from a third party for the cost of an educational service, please include the following materials:

- A sample copy of the financing agreement used by each third-party lender or creditor, as required by Section 94931(d)(9) of the Postsecondary Act (i.e. vocational rehabilitation worker's compensation, Joint Training Partnership Act (JTPA), etc.

16.7

If an institution has previously registered or been approved, please indicate the number of students enrolled in California during the preceding year, as required by Section 94931(d)(4) of the Postsecondary Act

Additionally, if the applicant institution seeks to register Short-term Career Training, please include the following materials:

16.8

The school performance fact sheet and disclosures required by and conforming with, Sections 94931.1(d) and 94816 of the Postsecondary Act

16.9

The financial report required by, and conforming with, Sections 94931(d)(8) and 94806 of the Postsecondary Act, that demonstrates that the institution meets the requirements of financial responsibility contained in Section 94804 of the Postsecondary Act

Section 17: Declarations

The regulations of the Bureau require that this application be signed, and that each fact stated therein be declared to be true under penalty of perjury, by **one** of the following: (a) each owner of the institution, if the institution is a sole proprietorship or partnership; (b) each owner of 10% or more of the stock of the institution, if it is incorporated and its stock is **not** traded on a stock exchange; (c) the president or chief executive officer of the corporation, if the institution is incorporated and the stock is publicly traded on a stock exchange; or (d) each member of the governing body of a nonprofit corporation.

If there are more than two signatories, copy the declarations for each additional signatory, and include them here (in the case of an electronic filing), or attach hard copies to this application (in the case of a paper application).

Declaration for Paper Filing

17.1

Declaration No. _____

My name is: _____.
(Type or print the name of the individual signing this certification.)

I am _____ of _____ and am authorized to
(title) (name of institution)
sign and file this application on behalf of the applicant institution.

I declare that I received and reviewed copies of the Private Postsecondary Act and the Bureau's Regulations.

I declare that all of the information and documentation contained in and submitted with the institution's application for registration are true and accurate.

I declare that to the best of my knowledge, information and belief, the institution and each signatory comply with all applicable laws regarding the operation of the institution.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at _____, California, on _____ .
(city) (date)

(signature)

Declaration for Paper Filing *(continued)*

17.1 cont.

Declaration No. _____

My name is: _____.
(Type or print the name of the individual signing this certification.)

I am _____ of _____ and am authorized to
(title) *(name of institution)*
sign and file this application on behalf of the applicant institution.

I certify that all of the statements of fact in this application and the attachments hereto are true and accurate.

I certify that to the best of my knowledge, information and belief, the institution and each signatory comply with all applicable laws regarding the operation of the institution.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and accurate.

Executed at _____, California, on _____ .
(city) *(date)*

(signature)